

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Francklin Autila

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Massachusetts Bay Transportation Authority (MBTA)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one)



Yes



No

FILED
IN CLERK'S OFFICE
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COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Fancklin Autila
Street Address	227 River St Unit 431
City and County	Mattapan, Suffolk
State and Zip Code	Massachusetts, 02126
Telephone Number	617 980 2390
E-mail Address	francklinautila18@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Massachusetts Bay Transportation Authority (MBTA)
Job or Title <i>(if known)</i>	
Street Address	10 Park Plaza Suite 3510
City and County	Boston, Suffolk
State and Zip Code	Massachusetts, 02116
Telephone Number	617 222 3510
E-mail Address <i>(if known)</i>	dbrogna@mbta.com

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

I believe that I was discriminated against by the Massachusetts Bay Transportation Authority (MBTA) on the basis of National Origin, Disability, and Retaliation. This is in violation of Title VII, ADA.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____ . Or is a citizen of
(foreign nation) _____ .

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
 the laws of the State of (name) _____, and has its
 principal place of business in the State of (name) _____.
 Or is incorporated under the laws of (foreign nation) _____,
 and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because *(explain)*:

It would include two (2) years of back pay: \$160,000, twenty years of front pay: \$1,600,000, and compensatory and punitive damages: \$300,000. Which is a total of \$2,060,000

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

1 - Compared to non-Haitian Employees, I was treated less favorably by the Defendant while performing my duty.

2 - The defendant failed to provide me (a diabetic) with reasonable accommodation that I have requested.

3 - I was terminated by the Defendant after I filed a Complaint of Discrimination with Diversity, MCAD/EEOC.

See the attached III Statement of Claim and the attached EXHIBIT 1 III Statement of Claim(2), relevant Facts.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$160,000 for two (2) years of back pay, \$1,600,000 for twenty (20) years of front pay, and \$300,000 for

Compensatory and punitive damages associated with intentional infliction of emotional distress due to disparate treatments violation of my ADA Rights, unlawfull termination, embarassment (concerted propaganda advertizing me as "crazy", sabotage of future job opportunity, deliberate and permanent sabotage of my medical records.

The defendant expressed no interest/urgency in just firing me. They wanted to watch me humiliated, embarrassed, destroyed professionally and medically by knowingly putting/forcing me unnecessary treatments leading on a path for possible opioid addiction. That's why I believe that I deserve every single dime a Judge can legally order them to pay. See the attached EXHIBIT 1 III Statement of Claim(2), relevant Facts Nos 213 - 231.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/13/2021

Signature of Plaintiff

Francklin Autila

Printed Name of Plaintiff

Francklin Autila PRO SE

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

III Statement of Claim :

FA

The allegations:

1. Compared to non-Haitian Employees, I was treated less favorably by the Defendant who created an hostile workplace environment where I was unable to perform my duty at ease. I was yelled at, rushed with door operations and train troubleshoot, deprived of assistance (critical for MotorPerson), forced to write reports on non-existing incidents and fairly done announcements, forced to repeat unusual instructions with challenging words. I had my accent mimicked and laughed at over the air, my radio calls ignored/delayed. I felt tensed, targeted, traumatized. I became hesitant to request assistance, I started experience heart palpitation when I had to do so.
2. My ADA Rights were constantly violated by the Defendant who failed to provide me with reasonable accommodations that I have requested. I always informed my Supervisors on my medical condition and the need to respect my schedule due to medication and recommended diet. They would deliberately and routinely skipped my train forcing me to work past my off-time. When I attempted to remind them of my requests, they said the Blue Book allowed them to use me if they don't have a relief. Which is highly unlikely, mostly there's a relief around.
3. I was terminated by the Defendant after I filed a Complaint of Discrimination with the MBTA Office of Diversity, and a dual one with the Massachusetts Commission Anti Discrimination (MCAD) and the Equal Employment Opportunity Commission (EEOC). Using their own clinic/medical Doctor, their own Police/false police report, they put me on unpaid leave for eight (8) months. An Employment Status mandating that I was not allowed to report to work. They fired me for being "absent" for the very unpaid leave period: 12/13/2018 to 12/13/2019.